14031221203

FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2014 APR 17 AM 8: 38

Office Use Qnly	DESITED

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: over the	If typing, type lines.	12FE4M5		
$[F_1R_1I_1E_1N_1D_1S_1]O_1F_1$	$M_1A_1T_1T_1$ M_1A_1	T _ı S _ı U _ı N _ı A _ı G _ı	A , - , C O, N, G	$_{i}R_{i}E_{j}S_{i}S_{j}$		
ADDRESS (number and street)	1 ₁ 8 ₁ 8 ₁ 8 ₁ K ₁ A ₁	$L_iA_iK_iA_iU_iA_i$	AVENU	E #3 1 0	4	
Check if different than previously reported. (ACC)	H ₁ O ₁ N ₁ O ₁ L ₁ U ₁ L	<u>U</u>		H _. I 9	26,8,1,5]-	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY	· · · · · · · · · · · · · · · · · · ·	STATE A	ZIP CODE	
C 0 0 3 8 3 5	6.2 3.	IS THIS REPORT	NEW (N) OR	AMENDI (A)	STATE ▼ DISTRICT ED [H,I] [0,2]	
4. TYPE OF REPORT (Check) (a) Quarterly Reports: April 15 Quarterly R July 15 Quarterly R October 15 Quarterly January 31 Year-En	Report (Q1) Report (Q2) rly Report (Q3) rld Report (YE) (c) (Election on Bondary POST-Elec	ention (12C)	General (12	in the State of	
5. Covering Period 0 1 2 5 1 4 through 0 3 3 1 2 5 1 4 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer Calvin C. Ching						
Signature of Ireasurer	alm Colo	7	ar. Naga	Date 0.4	08 2 0 1 4	
NOTE: Submission of false, erron	eous, or incomplete infor	mation may subject	t the person signin	g this Report to th	·	
Use Only	**				FEC FORM 3 (Revised 02/2003)	